Letter to the Editor

In Response to Letter to the Editor Regarding: “Patient-Reported Versus Physiologic Swallowing Outcomes in Patients With Head and Neck Cancer After Chemoradiation”

Dear Editor:

We appreciate the letter writers’ focus on the discordance between patient-reported and physiologic outcomes. The purpose of our study was not to suggest that patient quality-of-life measures fully evaluate swallowing function and treatment toxicity. Instead, we have shown that patient assessment of swallow function can be distinctly different from objective physiologic measures. Each domain is critical for otolaryngologists, both in managing patients who will undergo cancer treatment and also in planning high-quality clinical trials. Our article adds to this growing body of literature by correlating patient-reported outcome measures (PROMs) with a provider grading system specifically standardized for both medical practice and clinical trials.

However, we disagree with the authors’ implicit assumption that PROMs are inherently less valuable and useful than other outcome measures. Long has our field adhered to a narrow definition of outcome that is insensitive to the quality-of-life tradeoffs that patients face when undergoing treatment. We need our care to be more patient-centered, rather than less, and high-quality PROMs are essential in this effort. Indeed, the Food and Drug Administration encourages the use of these measures of perceived health status in the development of clinical trials.

The letter writers note that “patient-reported QoL often does not reflect important physiologic problems,” but the reverse is also true: often, our physiologic measures of outcome do not reflect the real impact of treatment on our patients’ lives. By identifying the limitations of both PROMs and physiologic measures, we improve our ability to capture and improve the patient experience.

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